

57371

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002373**

GENERATOR (Generator Must Complete)

ALUMINUM CO OF AMERICA

② Name **VERNON WORKS**EPA NO. **CAD074126681**Address **5151 ALGON AVE** Phone No. **588-6141**City, State, Zip **VERNON CA 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES INC.**EPA NO. **CAD080012024**Address **900 N. POTRERO GRANDE DR.**City, State, Zip **MONTEREY PARK CA**

④ Alternate TSD Facility

SFUND RECORDS CTR

999000899

Name **CHEMICAL WASTE MANAGEMENT INC**EPA NO. **CAT000646117**Address **P.O. BOX 1104, 430 W. ELM AVE**City, State, Zip **CORNING CA 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **47 & 48**

⑦ EX. HAZ. WASTE PERMIT NO. _____

⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:

CONC. UPPER

RANGE LOWER

UNITS

CONC. UPPER

RANGE LOWER

UNITS

⑨ A. _____ ☐ % ☐ ppm.
B. _____ ☐ % ☐ ppm.
C. _____ ☐ % ☐ ppm.
D. _____ ☐ % ☐ ppm.

E. _____ ☐ % ☐ ppm.
F. _____ ☐ % ☐ ppm.
G. _____ ☐ % ☐ ppm.

Non Hazardous Material _____ %

⑩ WASTE PROPERTIES: pH **2** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **WATER & OIL SLUDGE**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **Oliver H. Baker Freeman**
Signature of Authorized Agent and Title

8-05-02
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**EPA NO. **CAD028277036**ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE _____

TIME _____ ☐ AM ☐ PM

⑯ _____
Signature of Authorized Agent and Title

Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING IND INC**EPA NO. **CAT080012024**

PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

⑳ NAME _____

EPA NO. _____

18 QUANTITY (If Measured) **50 BBL**
19 STATE FEE (If Any) **8.75**

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

Oliver H. Baker Freeman
Signature of Authorized Agent and Title

Date Accepted

ORIGINAL